FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12", Ste. 1A Des Moines, lowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically end effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

electronically.

Effective May 1, 2010, all statements and reports for State PACs and State

Parties must be filed electronically.

Reset Form Reset Form

COMMITTEE NAME (Must be same as on State	ment of Organization)	FOR	9.6
	envisor		
The second secon	reporting for 5	DR	12/2009) DISCLOSURE
(1) Statewide/Legislative/Judge Standing for Refertio (4) County Central Committee (5) County Candidate Subdivision Candidate (8) County PAC (9) City PAC	n Candidate (2)State PAC (3)State Party (6)City Candidate (7)School Board or Other Political (10)School Board or Other Political Subdivision PAC	For Off	fice Use Only # 1907
11) Local Ballot Issue			i In
CANDIDATE COMMITTEES ONLY: Candidate Name Jeffrey K. Ives	Political Party (if applicable)	Scanne	
Office Sought	District (if Senate or House)		d
County Supervisor			
The state of the s	I penalties. Pursuant to Iowa Code sections 68B.32A(other type of committee, is the individual responsible	7) and 68A.40 for filing timely	1(3), the candidate, for a y and accurate reports.
0HAQ	717 848 3648		1/18/2013
SIGNATURE OF PERSON FILING REPORT	712 848 3648 TELEPHONE		DATE SIGNED
		COLUMN TO SERVICE STATE OF THE SERVICE STATE STA	
IAM FILINGA 1/18/2013	The second secon	01	ECTION YEAR.
(report date)	Indicate by #	‡ <u> </u>	
☐CHECK IF AMENDMENT TO REPORT DAT	ED	Local Committe	ees, enter Date of Election
Check if this is final (termination) report and (You must continue to file reports until	attach Notice of Dissolution Form DR-3. a DR-3 is filed.)	County & Loca which Election #DCG ND	
STATEMENT OF CAS	H ON HAND		
CASH ON HAND at the beginning of the report		\$	0
ADD TOTAL MONEY TAKEN IN THE			0000
Schedule A: Cash Contributions total	(Attach Schedule A) (*also see in-kind below)		120.00
	ttach Schedule F)		
Schedule H: Total Sales of Campaign	Property (Attach Schedule H)		
(Schedule H applies to Can	didates' Committees Only)		17000
	SUB-TOTAL	\$	120.00
SUBTRACT TOTAL MONEY SPENT	THIS PERIOD		20.00
Schedule B: Expenditures total (Attac	ch Schedule B) (**also see debts and loans below)		120:00
Schedule F: Loan Repayments total	(Attach Schedule F)		
CASH ON HAND at the end of this reporting pe	eriod (if final report balance must be zero)	\$	
**UNPAID BILLS (From Schedule D - Attach S	chedule D)	\$	
	E - Attach Schedule E)		511,35
	Attach Schedule F)		
CONSULTANT BREAKDOWN (Schedule G A			YESNO
CANDIDATE COMMITTEES ONLY:			
VALUE OF CAMPAIGN PROPERTY (From Sc	chedule H - Attach Schedule H)	\$	
STATE COMMITTEES: Submit a reconciled of	ampaign account bank statement in January of ea	ch year.	

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form	SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
		CK THIS BOX IF

COMMITTEE NAM	IE (Must be	s same as on Statement of Organization)	
Ives	For	Supervisor	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND RAISER INCOME
10/31/2012	ID# CK#	Shivley A. Bartosh 305 3rd Ave NW Pocahoutas Iq Focahoutas Co. Democrats		\$ 20.00	
0 31 2012	ID# CK#	Acahontas Co. Democrats 203 2nd Ave. Pochhontus, Ia 50574		100.00	
	ID# CK#				
	ID#				
	ID# CK#				

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of _____(for Schedule A)

TOTAL (if last page of this schedule)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)

MONETARY EXPENDITURES

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD. CHECK THIS BOX IF AMENDING FORM COMMITTEE NAME (Must be same as on Statement of Organization) Tune I (

	-LVE-	+ov Jupervisor		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
12/26/2012		Record Democrat 218 NMAIN SI POCADO MASJIA 505	Ad	\$ 120.00
	ID# CK#	,		
	ID# CK#			
	ID# CK#			
	ID#			
	ID#			
	ID# CK#			
	ID# CK#			
Anna de la constantina della c	A THE RESIDENCE OF THE PARTY OF	al estatut di manuna organi male anno estatut menganggan garapaga salabat salabat salabat salabat salabat salab	SUB-TOTA	AL \$ 120,00

TOTAL (if last page of this schedule) \$ 120,00

THIS B	OX APP	LIES TO	CAND	IDATES'	COMMITT	EES	ONLY

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM COMMITTEE NAME (Must be same as on Statement of Organization)	SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
Ives for Supervisor Reset Form	AMEN	K THIS BOX IF DING FORM

10/19/12 Jeffvey K. Ives 42755 310711 Ave Rolfe Ja 50581 10/19/12 Jeffvey K. Ives 42758 310711 Ave Note Iq 50581 11/26/12 12/2755 310711 Ave Rolfe Iq 50581 11/26/12 Rolfe Iq 50581 11/26/12 Rolfe Iq 50581	√ IF FOR FUND-RAISER CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	DESCRIPTION OF IN KIND CONTRIBUTION	RELATIONSHIP TO CANDIDATE ' (if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	DATE RECEIVED (MM/DD/YR)
Rolfe, Iq 50581 Jettvey K. Ives q2 755 3:0+h Ave Rolfe Iq 50581 Ad 37,74		and the same of	Yard Signs		42755 310+4 Ave	10/14/12
Kotte 19 50381		292.11	T-Shirts		Rolfe, Ig SOS81	10/1/12
		37,74	Ad		Jetfvey K. Ives g2755 310th Ave Roffe Ig 50581	11/26/12

					,	
SUB-TOTAL \$		s	SUB-TOTAL			positive and the second
TOTAL (if last spage of this schedule) 5/7,35			page of this			

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of (for Schedule E)